

P14000063878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

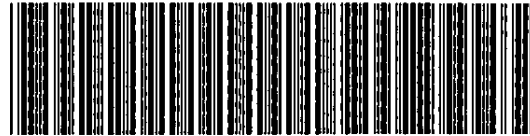
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/28/14--01003--001 \*\*89.00

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FALMOUTH, MA  
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✓ 07/30/14

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: ARLington Spray Service INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: James Robert Lewis  
Name (Printed or typed)

11618 MarshElder DR  
Address

Jax , FL 32226  
City, State & Zip

904 554 6344      HM 904 714 3384  
Daytime Telephone number

NONE as of yet  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: ARlington SPRAY SERVICE INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

11618 MARSH Elder DR  
Jax FL 32226  
1

Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Landscape, SPRAY SERVICE  
for Property Clean up.

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CLERK OF CIRCUIT COURT  
FLORIDA  
JACKSONVILLE

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: James Lewis Name and Title: ? owner/operator  
Address: 5390 OAK Forest DR Address: \_\_\_\_\_  
Jax FL 32211

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: 5390 OAK FOREST DR  
Address: JAX FL 32211  
James Lewis

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: 5390 OAK FOREST DR  
Address: JAX FL 32211  
James Lewis

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

James R Lewis  
Required Signature/Registered Agent

7/18/14  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

James R Lewis  
Required Signature/Incorporator

7/18/14  
Date

DR State of Florida,

I was in a ~~near~~ Near Fatal  
Motorcycle wreck in 2013 ~~January~~, January of  
2013. Please except my new application  
James R Lewis

904 554 6344